

Instructions for Preparation of the Tennessee Medical Malpractice Counsel for Claimant Reporting Form for the Reporting Period of January 1, 2008 through December 31, 2008

Applicable Law

Tenn. Code Ann. §§ 56-54-101, *et seq.*, may be viewed by entering the statute number in the “Search” box at the following web address:

<http://www.michie.com/tennessee/lpext.dll?f=templates&fn=main-h.htm&cp=tncode>.

Information and Guidelines for the 2008 Counsel for Claimant Reporting Form due March 2, 2009:

- Each claimant attorney who worked on a case shall report fee arrangements including their portion of any payment received pursuant to settlement, judgment, or alternative dispute resolution, less case-specific expenses. A separate reporting form prescribed by the Commissioner must be submitted by each individual attorney receiving a fee. If only one attorney within a firm received the fee, that attorney is required to report the total fees received. If the check was sent to the firm, either the lead counsel shall report all fees or each individual attorney shall report a prorated share of the fees. Group reporting cannot be accepted.
- Attorneys must complete the contact information at the top of the reporting form. This portion of the reporting form includes shaded areas. Successful insertion of the required information automatically removes the shading. This information is required to confirm compliance with the law.
- Instructions have been embedded within the reporting form. To view the instructions for filling out the form, hold the cursor over the first row under each column heading. These instructions explain the correct formatting and type of data required. In some instances if the attorney attempts to include information in a format other than the established format, an error message will occur.
- The reporting form will expand to include additional rows as needed to accommodate the number of claims to be reported.
- The reporting form is a Microsoft Excel workbook that contains one (1) worksheet. All data submitted in the reporting form must be submitted on a compact disk (“CD”) or through electronic mail at the address listed below. The complete and compliant report must be received at the contact address below on or before March 2, 2009. The reporting attorney’s name must be clearly marked on the CD. Reporting attorneys must use the updated form dated 2008. The form can be found on our web site at www.state.tn.us/commerce/insurance/medExpRpt.html. If any other form is used, it will be rejected. Rejected submissions will cause the reporting attorney to be in

non-compliance with Tenn. Code Ann. §§ 56-54-101, *et seq.*, and penalties set forth in the law may apply.

- Any column requiring currency data which is left blank will be assumed to be zero (0).
- The Department expects attorneys to use due diligence to discern the facts required to be reported.
- All data located in columns should be in alpha-numeric format unless otherwise stated. When using numeric data, only regular decimal formats should be used. No compressed or binary (small or larger integer) data will be accepted as valid.

COLUMN HEADING	DESCRIPTION OF DATA SOUGHT	TECHNICAL FORMATING OF DATA SOUGHT
(1) Tracking Number	This should be the identifier assigned to the claim or incident, docket number, or your internal file name or number.	Data should be in alpha-numeric format.
(2) Date of Incident	This should be the date on which the incident occurred that was the proximate cause of the med mal claim.	Data should be in Gregorian USA format with a four (4) digit year (MM/DD/YYYY). This means a two (2) digit month (with leading zeros when necessary), a slash (/), a two (2) digit day (with leading zeros when necessary), a slash (/), and a four (4) digit year.
(3) Claimant's Social Security Number	This should be the social security number held by the person making the claim.	Data shall be entered in numerals without dashes.
(4) Portion of Settlement Amount Received By Claimant's Counsel in 2008	This should be the portion of fee received in 2008 by the reporting attorney from a settlement.	Data should be presented as currency data in units of U.S. dollars rounded to the nearest whole dollar amount.
(5) Total Settlement Awarded to Claimant in 2008	This should be the total settlement amount paid to claimant, including all expenses and attorney fees.	Data should be presented as currency data in units of U.S. dollars rounded to the nearest dollar amount.
(6) Portion of Judgment Amount Received By Claimant's Counsel in 2008	This should be the portion of fee received in 2008 by reporting attorney through judgment.	Data should be presented as currency data in units of U.S. dollars rounded to the nearest dollar amount.

(7) Total Judgment Amount Awarded to Claimant in 2008	This should be the total judgment amount awarded to Claimant, including all expenses and attorney fees.	Data should be presented as currency data in units of U.S. dollars rounded to the nearest dollar amount.
(8) Portion of Alternative Dispute Resolution Amount Received By Claimant's Counsel in 2008	This should be the portion of fee received by reporting attorney in 2008 through an alternative dispute resolution.	Data should be presented as currency data in units of U.S. dollars rounded to the nearest dollar amount.
(9) Total Alternative Dispute Resolution Amount Awarded to Claimant in 2008.	This should be the total alternative dispute resolution amount awarded to Claimant, including all expenses and attorney fees.	Data should be presented as currency data in units of U.S. dollars rounded to the nearest dollar amount.

Penalties

Failure to submit all required information in the reporting form prescribed by the Commissioner on or before the March 2 deadline may subject a reporting attorney to the penalties outlined in Tenn. Code Ann. § 56-54-109.

Contact Information

Questions should be sent in writing via U.S. Mail, hand delivered, facsimile, or electronic message to the following:

Tennessee Medical Malpractice Reporting
c/o Ms. Jacquie Fortenberry
Tennessee Department of Commerce and Insurance
Insurance Division – Policy Analysis Section
Davy Crockett Tower, Fourth Floor
500 James Robertson Parkway
Nashville, Tennessee 37243-1133
Telephone: (615) 532-5340
Facsimile: (615) 741-0648
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